


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000821</b> 1. Entity Name <b>BENCHMARK HUNTINGTON AT SUNDANCE ASSOCIATES L.P.</b>	
---	---

Principal Place of Business <b>4053 MAPLE ROAD AMHERST, NY 14226</b>	Mailing Address <b>4053 MAPLE ROAD AMHERST, NY 14226</b>
---	---



04262006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>91-1867341</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

U00000555057

~~to 4053 Maple Road 9112 500.00~~

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>FG0000005147</b>
NAME	<b>BENCHMARK LAKE LAND PROPERTIES, INC.</b>
STREET ADDRESS	<b>4053 MAPLE ROAD</b>
CITY-ST-ZIP	<b>AMHERST, NY 14226</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Steven J. Longo **Steven J. Longo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Vice President** Date 4/29/06 Daytime Phone (716) 833-45

STAPLE CHECK HERE